

Spring 2018

Veterans Court: examining the effectiveness of veteran-specific rehabilitation

Rochelle Sundeen DiConti
Eastern Washington University

Follow this and additional works at: <https://dc.ewu.edu/theses>

 Part of the [Clinical Psychology Commons](#), [Criminology Commons](#), and the [Psychiatric and Mental Health Commons](#)

Recommended Citation

DiConti, Rochelle Sundeen, "Veterans Court: examining the effectiveness of veteran-specific rehabilitation" (2018). *EWU Masters Thesis Collection*. 492.
<https://dc.ewu.edu/theses/492>

This Thesis is brought to you for free and open access by the Student Research and Creative Works at EWU Digital Commons. It has been accepted for inclusion in EWU Masters Thesis Collection by an authorized administrator of EWU Digital Commons. For more information, please contact jotto@ewu.edu.

VETERANS COURT:
EXAMINING THE EFFECTIVENESS OF VETERAN-SPECIFIC REHABILITATION

A Thesis
Presented To
Eastern Washington University
Cheney, Washington

In Partial Fulfillment of the Requirements
For the Degree
Master of Science in Clinical Psychology

By
Rochelle Sundeen DiConti
Spring 2018

THESIS OF ROCHELLE SUNDEEN DICONTI APPROVED BY

_____ DATE _____
RUSSELL KOLTS, GRADUATE STUDY COMMITTEE

_____ DATE _____
SUSAN RUBY, GRADUATE STUDY COMMITTEE

ABSTRACT

VETERANS COURT:
EXAMINING THE EFFECTIVENESS OF VETERAN-SPECIFIC REHABILITATION

By

Rochelle Sundeen DiConti

Spring 2018

Due to the growing percentage of mental health illnesses related to combat trauma and traumatic brain injuries, the rates of incarceration, suicide, and substance use disorders are skyrocketing in the returning veteran population. The Veterans Court program directs veterans with certain criminal issues into a program designed to treat veterans in need, as opposed to incarcerating them. The purpose of this study is to conduct an initial examination of the effectiveness of this program by measuring four specific factors directly linked to veteran trauma and mental health. I included measures of problematic-anger, shame, thriving, and veteran-specific reintegration issues. Data was collected during three consecutive monthly forums, which participants are required to attend, per the program.

Keywords: Veteran, military, court, criminality, PTSD, traumatic brain injury

Veterans Court:

Examining the Effectiveness of Veteran-Specific Rehabilitation

According to Time magazine, mental health illnesses are now the number one reason for hospitalizations in the U.S. Military population (Thompson, 2011). Research also shows that psychological trauma caused by extensive exposure to combat is more common than physical injuries (Bobrow, Cook, Knowles, & Vieten, 2012). In light of this information, it is surprising to learn that of the two million veterans who have served in combat zones since 2001, one million have detached from service, and only 46% of those veterans have utilized their medical benefits through the U.S. Department of Veterans Affairs (VA; Amdur, Batres, Belisle, Brown, Cornis-Pop, Mathewson-Chapman, & Washam, 2011).

Due to the growing percentage of mental health illnesses related to combat trauma and traumatic brain injuries, the rates of incarceration, suicide, and substance use are skyrocketing in the returning veteran population (Defense and Veterans Brain Injury Center, 2012, United States Bureau of Justice Statistics, 2007, McCollum, Stith, Miller, & Ratcliffe, 2011, Petrakis, Rosenheck, & Desai, 2011). Since 2001, the VA has seen a steady increase each year in the number of enrolled veterans suffering from depression, anxiety, and substance use disorders, with the greatest increase in those with co-occurring mental health and substance use disorders, and from 2001 to 2014 it is estimated that there were over 100,000 veteran suicides (United States Department of Veterans Affairs, 2016).

A variety of programs have been developed in an attempt to address these issues in returning veterans. One such program is the Veterans Court. The Veterans Court program directs combat veterans with certain criminal issues into a program designed to treat their unique needs, as opposed to incarcerating them. The purpose of this study is to examine the experience of

veterans in the Veterans Court program. This study seeks to determine the effectiveness of the Veterans Court program in reducing post-combat symptoms and promoting successful reintegration into both family and community.

To understand why mental health issues are so prominent after deployment to a combat zone, it is imperative to first understand what happens overseas. While stationed in a combat zone, U.S. military members are at high risk of experiencing physical injury, psychological wounds, trauma, and exposure to harmful chemicals. One of the most common physical injuries seen in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans is traumatic brain injury (TBI) due to blast exposure (Ettenhofer, Melrose, Delawalla, Castellon, & Okonek, 2012). All of these dangers can lead to physical and mental health distress, and if left untreated, can cause deterioration of self, marriage, family, and occupational success (Amdur et al., 2011). The military and VA screen those returning home on a basic level, generally during a phase called demobilization, which involves the dismissal of troops and their return to home and family. Unfortunately, research has shown that most mental health issues do not become apparent in returning service members until up to one year after demobilization (Bobrow et al., 2012).

Without being personally deployed to an active combat zone through service, it is nearly impossible to understand what a veteran has gone through, and even then each veterans' experiences differ from one another. Upon demobilization and returning home, veterans are faced with many challenges of readjustment, some of which have been well-researched and others that are still misunderstood. These readjustment challenges combined with mental health issues and physical injuries can eventually lead to emotional breakdowns and subsequent troubles in some returning soldiers, steering them toward substance abuse, violence, and possible criminal charges.

Deployment puts a great strain on the family unit, especially within a marriage, as the service member is no longer able to provide direct care for his or her family. Spouses and children are left at home dealing with the constant pain and worry involved with the absence and fear of death or injury of a family member. This causes significant distress in psychological and emotional well-being for both the service member and their family (Cozza, Chun, & Polo, 2005). Domestic violence is one of two primary charges that lead to incarceration in returning veterans (McCullum et al., 2011). A study conducted with Vietnam veterans found that nearly 38% become divorced within 6 months of returning home (Price & Stevens, 2009). According to Bobrow et al. (2005), the resiliency of a military-family is dependent on the service member's ability to maintain overall well-being. This cannot happen effectively if the military member is under duress caused by psychological and emotional strain from combat trauma.

Reintegration within the family unit is not the only area veterans struggle with, as basic community reintegration also historically appears to be an issue. There are a number of potential difficulties that can present themselves as the veteran attempts to reintegrate with his or her family and with civilian society. The Military to Civilian Questionnaire (M2C-Q; Sayer, Frazier, Orazem, Murdoch, Gravely, Carlson, & Noorbaloochi, 2011) was designed as a measure to assess these problematic areas for veterans upon demobilization and reintegration. There is still a debate on the definition of "reintegration" for service members as well as difficulties in specifying a definitive list of issues specific to veteran readjustment, but recent studies have identified some primary areas that seem to trouble a large proportion of returning veterans. After deployment to a combat zone, many veterans find civilian life meaningless or boring (Bowling & Sherman, 2008) and they struggle to resume community positions and social roles they held pre-deployment (Sayer et al., 2011). They are also constantly confronted by civilians and medical

professionals who have not experienced the same things they have and likely do not understand what they are going through. In response to this, veterans may choose to either withdraw or seek the exclusive company of other service members (Laffeye, Cavella, Drescher, & Rosen, 2008; Aiello, 2010; Pfeiffer, Blow, Miller, Forman, Dalack, & Valenstein, 2012).

According to the DSM-5, PTSD is the result of exposure to a traumatic event in which there was a real or perceived threat of injury or death to oneself or others, followed by an intense emotional reaction, and later re-experienced through a variety of means, including flashbacks or nightmares (American Psychiatric Association, 2013). Research shows that veterans with PTSD who experience elevated irritability after deployment are at a greater risk of being incarcerated than are veterans with low irritability and no PTSD (Elbogen, Johnson, Newton, Straits-Troster, Vasterling, Wagner, & Beckham, 2012). Negative affect was also addressed in a separate study as a common symptom in relation to PTSD, as well as TBI. Many veterans reporting negative affect specifically showed increased anger and irritability, and those who reported exposure to a traumatic event were at greater risk of antisocial behavior (Agnew & White, 1992). Another study found an increased occurrence of PTSD symptomology in incarcerated Gulf War veterans as opposed to non-incarcerated Gulf War veterans (Black, Carney, Peloso, Woolson, Letuchy, & Doebbeling, 2005).

TBI also plays a part in readjustment problems and subsequent legal repercussions. Approximately one in six OEF/OIF veterans has suffered a traumatic brain injury (Ettenhofer et al., 2012). A 2012 study of OEF/OIF veterans with possible TBI revealed that 89.5% of participants were also diagnosed with PTSD, 36.8% had a diagnosed mood disorder, and 12.3% had a comorbid diagnosed substance use disorder (Ettenhofer et al., 2012). In a previously mentioned study by Agnew and White (1992), it was also discovered that those with TBI and

increased irritability after deployment were at greater risk of being incarcerated than those without.

A 2007 study on suicide rates in veterans found that male veterans who had been deployed to an active combat zone were twice as likely to complete suicide as their non-veteran counterparts (Kaplan, Huguet, McFarland, & Newsom, 2007). There is controversy over this study, as replications have not been completely successful and other researchers believe this difference may be accounted for when other factors such as age, race, and socioeconomic status are considered. The United States Department of Veterans Affairs has been conducting an ongoing study which accounts for age and sex, and still found that rates of suicide are 22% higher in the Veteran population than they are in the civilian population in the United States. On average there were 20 veteran suicides per day in 2014, which accounted for 18% of all adult suicide related deaths in the United States for that year (United States Department of Veterans Affairs, 2016).

As difficult as reintegration may be for all service members, there is reason to believe that this process may be even more difficult for returning National Guard and reservists in comparison to active duty military personnel. Active duty service members return home to a structured lifestyle, and often go back to work with others with whom they have deployed or who have deployed themselves at other times. This is especially true if they live on a military base, rather than in the civilian community. National Guard and Reserve members, on the other hand, typically return home to their civilian jobs and an open community lacking in military structure and services that were available to them during deployment. There is a lack of the comradery they had experienced in the service, and often no one with whom they can relate to at work about combat experiences. After 12 months post-deployment, National Guard soldiers had

higher rates of mental health problems in comparison to those who returned to Active Duty service (Pfeiffer et al., 2012). A separate study found that within three to six months of returning home from an active combat zone, nearly 40% of Army National Guard soldiers had a diagnosable mental health disorder, only half of whom had sought mental health services (Pfeiffer et al., 2012).

Poor mental health related to combat trauma seems to be highly correlated with veterans becoming entangled with the criminal justice system (Petrakis et al., 2011, McCollum et al., 2011). For the purpose of this research, literature concerning substance abuse and incarceration in relation to veterans will be reviewed. Alcohol and drug abuse are a growing problem in the OEF/OIF population. As research has shown us with the general population, rates of substance abuse are elevated in those who have experienced a traumatic event or suffer from a mental illness, and this is especially true within the veteran population. Among veterans, 21-35% of those diagnosed with a mental illness also have a comorbid substance abuse disorder (Petrakis et al., 2011). For those returning home to an already strained family, this is a particular problem, as substance abuse and partner violence go hand-in-hand (McCollum et al., 2011). Substance abuse related offenses and domestic violence are two of the primary charges that lead to incarceration in returning veterans.

In 2004, it was estimated that over 200,000 veterans were incarcerated in the United States, accounting for 10% of the entire population of incarcerated individuals (United States Bureau of Justice Statistics, 2007). According to the Institute of Medicine, criminality is one of the most prevalent issues for OEF/OIF veterans (Military Medicine, 2014). Tracing back through previous war arenas, research has found that among Vietnam veterans who were subject to active combat, rates of arrests and convictions were much higher than that of the non-veteran

population (Black et al., 2005). A similar study conducted with Gulf War veterans found that its participants had slightly higher rates of incarceration than did the general population (Black et al., 2005).

Helping Programs

The U.S. Military and Veterans Administration (VA) are aware of the issues veterans face after deployment and are working together to develop and administer programs to address readjustment problems. Currently the military and VA handle demobilization and reintegration from a social work model. A returning veteran may be assigned a social work case manager who acts as an ambassador for the veteran, arranging any services that may be required, such as counseling, employment assistance, and medical services (Amdur et al., 2011). According to the VA's standard of care, all OEF/OIF service members who are severely injured, according to military qualification, are automatically assigned a case manager, and the remaining veterans are screened to determine case management needs (Amdur et al., 2011).

The VA strives to provide care for all returning veterans, but unfortunately 54% of them choose not to access their VHA benefits, and never seek mental health treatment, at least partially due to the stigma surrounding it (Amdur et al., 2011). This is where the 310 Veterans Outreach Centers throughout the U.S. become key players in veteran mental health. Veterans Outreach Centers offer individual, group, family, and military sexual trauma counseling services offered outside of military bases and VA medical facilities. They also provide education and community outreach for the rural areas where veterans are far detached from base and VA services, substance abuse assessment and referral, and employment assistance (Amdur et al., 2011).

The military has also developed a retreat program called *The Coming Home Project* for returning veterans who demonstrate a need for therapeutic intervention. These retreats are

offered for four different groups, including service members only, female service members only, service members and their families, or service providers. The retreats are designed to be therapeutic for the veteran and family members, without the use of formal psychotherapy.

Activities are designed to rebuild trust and increase socialization (Bobrow, 2012).

Psychoeducation is offered to educate veterans and families about mindfulness, self-care, and family life skills training, and is facilitated within large group meetings as well as small peer discussion groups. Research has shown that these retreats are successful at decreasing negative thoughts and emotions while simultaneously increasing positive and prosocial thoughts and emotions (Bobrow, 2012). The program is thought to be successful because it decreases the stigma around seeking mental health treatment while also providing a safe environment with peers and focusing on self-care.

Veterans Court

The Spokane Veterans Court program is a special court docket, funded by the Spokane County Drug Court (Veterans Court, 2013). It is set up to direct veterans from the Vietnam era and onward, with documented TBI, PTSD, military sexual assault, or substance abuse, away from the standard prison system and into a probation-type program designed to address veteran-specific issues concerning the effects of military service, deployment, and reintegration. Only those charged with misdemeanors, gross misdemeanors, or downgraded felonies qualify for the program. This means that veterans with more serious criminal charges, as well as serious violent crimes and sexual offenses, are not eligible to participate in the program. Referrals, however, are examined and accepted on a case by case basis, meaning that admission into the program is unique for each defendant (Veterans Court, 2013).

Once accepted into the program, the veteran is assigned to 24 months of probation and

are matched with a mentor with whom they are required to maintain weekly contact, either in person or by phone. Mentors are all prior service members themselves and work on a volunteer basis after passing a background check and completing mentor training. Defendants and mentors are matched as closely as possible with regard to age, gender, branch of service, and types of experiences. The job of the mentor is to maintain contact with the defendant and help to keep them on track by providing support and guidance by building a trusting relationship with the veteran, similar to that of a comrade from their unit when they were in the service (Veterans Court, 2013).

The defendant must also appear in court once per month, at which time their case and probation stipulations are reviewed to assure adherence. Defendants are required to attend a Veterans Forum meeting on the same day that they appear in court. Forums occur once per month and include education on an array of topics ranging from mental health to community employment opportunities. Upon arrival at a Veterans Forum, the participants and service providers are offered a group meal and networking session where they are given the opportunity to socialize and visit community resource booths. This is followed by instructional classes and presentations, and an opportunity to meet with their mentor (Veterans Court, 2013).

For every month that the defendant successfully complies with their court, mentorship, and meeting requirements, one month is deducted from the originally assigned 24 months of probation. This makes it possible for the compliant defendant to graduate from the program within 12 months. Should the veteran complete the program, there is a possibility for many of them to have their charges dropped or dismissed, but this occurs on a case by case basis (Veterans Court, 2013). The purpose of the current study is to examine the efficacy of the Veterans Court program for defendants using specified measures.

Hypothesis

The hypothesis of this study is that time spent in the Spokane Veterans Court program will be associated with lower scores on measures of anger, shame, and readjustment difficulty, and related to increases on a measure of thriving.

Method

All procedures were reviewed and approved by Eastern Washington University's Institutional Review Board.

Participants

Participants were obtained using a convenience sample and included 64 defendants from the Spokane County Veterans Court Program. The sample consisted of 57 males and seven females, as is representative of the normal gender ratio of the program. Ages of participants ranged from 24 to 86 years old, with a mean age of 42 years old. Participant demographics collected show that 86.7% identified as Caucasian/White, 3.3% Hispanic/Latino, 1.7% Native American, 1.7% Pacific Islander, 1.7% Asian, and 5% identified as being bi-racial. In terms of marital status, 42.9% of the participants were single, 27% married, 20.6% divorced, and 7.9% were widowed. Of the branches represented by this sample, 14.1% were from the Marine Corps, 18.8% Navy, 45.3% Army, 17.2% Air Force, and 4.8% identified as having served in more than one branch. With regard to service type, 69.8% were formerly Active Duty, 7.9% were National Guard, 4.8% were from the Reserves, and the remaining 17.5% reported that they had served in more than one capacity. All participants were selected on a volunteer basis during three consecutive monthly forum meetings. No data was excluded, and all participants' questionnaires were included in analysis.

Design

The study used a correlational design by months in the program, and collected both quantitative and qualitative data. The Veterans were surveyed voluntarily during monthly forum meetings, and scores on measures were correlated with months of participation in order to determine whether there was a relationship between time spent in the forum and measures of mental health symptoms, reintegration difficulties, and thriving.

Materials

Surveys were administered using a six-part questionnaire packet. The first page collected demographic information including age, race, gender, marital status, branch of service, type of service, and months in the program. The subsequent pages consisted of four previously researched and validated measures, including the Military to Civilian Questionnaire (M2C-Q; Sayer et al., 2011), Dimensions of Anger Reactions Revised (DAR; Novaco, 2004), Experience of Shame Scale (ESS; Andrews, Qian, & Valentine, 2002) and the Brief Inventory of Thriving (BIT; Su, Tay, & Diener, 2014).

The M2C-Q is a 16 item, self-report questionnaire which examines known areas of difficulty in reintegration to civilian life for combat veterans post-deployment. The M2C-Q is designed to identify returning service members who are struggling to reintegrate into civilian life after returning from deployment and can be used to predictively screen for potential future issues with PTSD, substance use disorders, and mental health struggles. It asks participants to rate their level of difficulty with common struggles returning service members experience post-deployment on a five point Likert-type scale from 0 (No difficulty) to 4 (Extreme difficulty). The M2C-Q has been shown to have good internal consistency, $\alpha = .95$ (Sayer et al., 2011).

The DAR is a seven item self-report questionnaire intended to screen for problematic

anger in service members returning from Iraq and Afghanistan with combat-related Posttraumatic Stress Disorder. It asks participants to rate how accurately each statement applies to them on a five-point Likert-type scale ranging from 0 (not at all) to 4 (very much). Results are summed across responses, with higher scores indicating increased behaviors and feelings of anger, and are predictive of problematic anger in OEF/OIF combat veterans. The Cronbach's alpha for the DAR was above .90, showing excellent internal consistency (Novaco, 2004).

The Experience of Shame Scale (ESS) is a 25-item self-report questionnaire designed to measure levels of shame and how they can correlate to future depressive symptoms based upon specific areas of shame. Respondents rate each questioned item on a four-point scale, ranging from 1 (not at all) to 4 (very much), according to how much they have experienced this in the past year. Total scores (sums of all items) can range from 25 to 100. The ESS was found to be particularly helpful in identifying shame related to self and performance. The ESS showed high internal consistency with Cronbach's alpha of .92. The ESS also demonstrated good test-retest reliability at .83. The ESS subscales were shown to be clinically significant and correlated with other vetted shame scales, supporting evidence for construct validity and showing correlations with depression (Andrews et al., 2002).

The BIT is a 10 item self-report questionnaire rated on a Likert-type scale of 1 (Strongly agree) to 5 (Strongly disagree). It is used as a brief screening tool for mental health issues and can be used to examine well-being. The BIT stems from the school of positive psychology, and is based off the 7 core principles of psychological well-being. It is designed to provide an image of one's psychological weaknesses and strengths and can be used to help determine future health outcomes. Of the 7 core principles, 6 are represented within the 10 questions administered in the BIT. The BIT shows high internal consistency with a Cronbach's alpha of over .90 throughout

cross-validation samples and it also showed a good test-retest reliability at .83 (Su et al., 2014).

The questionnaire packet concluded with 12 multiple choice questions and three open-ended questions that asked for feedback on the pros and cons of Veterans Court. The first six questions were to be rated on a Likert-type scale of 1 (poor) to 5 (excellent), and the remaining six questions were rated on a similar Likert-type scale of 1 (strongly disagree) to 5 (strongly agree). The Likert rated questions from this measure are listed below:

1. My experience with the Veterans Court program as a whole was...
2. I consider my relationship with my mentor to be...
3. The level of support I have received from this program is...
4. My willingness to participate in the beginning of the program was...
5. I would classify my current effort to participate in the program as...
6. The content and material offered through education and forum meetings were...
7. My mentor and I were well-paired.
8. I felt comfortable sharing about myself with others in the program.
9. I was treated with respect.
10. I utilized resources offered to me by the program.
11. My loved ones were encouraged to participate in my recovery.
12. I plan to maintain the changes I have made, even after graduation.

The measure was concluded with three open-ended questions requesting feedback concerning the pros and cons of the program.

Procedure

Participants were given a briefing on the study at the monthly forum meeting preceding the start of collection. Those who were interested in participating were provided questionnaires

upon check-in during the group meal time prior to the start of the subsequent three monthly forum meetings. An information sheet was attached to the front of the survey packet which outlined the study purpose and benefits, procedures, risks, and reiterated that their participation was voluntary and that anonymity would be maintained to ensure their answers would not affect their standing in the program in any way. They were instructed to fill the questionnaires out in private and had access to different tables throughout the room upon which to do so. Participants were instructed to return completed forms to a designated table and place them in an unmarked envelope, which was only handled by the principle investigator.

Results

The sample included 64 defendants of the Spokane Veterans Court Program, which consisted of 57 males (89.1 %) and seven females (10.9%), as is representative of the normal gender ratio of the program. Ages of participants ranged from 24 to 86 years old and included members from the Marine Corps, Navy, Army, and Air Force. The only branch not represented in this sample was the Coast Guard. Participants served in different capacities including Active Duty, National Guard, and Reserve units. Some participants reported serving in more than one branch and others reported having served in multiple different capacities as well, such as having service time in both active and guard or reserve units. To prepare for the statistical analysis, data were screened for violations of normality and demonstrated no significant skewness or kurtosis. Pairwise deletion was used to handle missing data in the analysis. Descriptive statistics are displayed below in Table 1.

Table 1

Veterans Court Survey Descriptive Statistics of Data

	N	Minimum	Maximum	Mean	SD
M2C-Q Total	50	0	53	17.96	14.2413
ESS Total	60	25	99	50.2167	19.93472
BIT Total	62	15	50	35.871	8.12905
DAR Total	62	0	24	8.4032	6.11223
Age	61	24	86	42.44	14.53
Valid N	42				

Note. SD = Standard Deviation; M2C-Q = Military to Civilian Questionnaire; ESS = Experiences of Shame Scale; BIT = Brief Inventory of Thriving; DAR = Dimensions of Anger Reactions.

To explore relationships among the dependent measures, correlations were calculated between measures of shame, anger, thriving, and adjustment. As expected, significant positive correlations were found between readjustment difficulty and shame: $r(46) = .535, p < .01$; readjustment difficulty and anger: $r(47) = .774, p < .01$; and shame and anger, $r(57) = .546, p < .01$. Significant negative correlations were observed between readjustment difficulties and thriving, $r(48) = -.584, p < .01$; shame and thriving, $r(58) = -.495, p < .01$; and anger and thriving; $r(59) = -.522, p < .01$.

In order to explore the relationship between time in the program and measures of adjustment and emotion, I calculated correlations between months in the program and measures of military to civilian reintegration, shame, thriving, and anger using Pearson Correlation Coefficients. As hypothesized, there was a strong correlation between months in the program and thriving, $r(59) = .275, p < .05$. However, no significant correlations were observed between months in the program and measures of reintegration, shame, and anger. All correlations are summarized in Table 2 below.

Table 2

Veterans Court Survey Results Correlated by Number of Months in Program

		Months	M2C-Q total	ESS total	BIT total	DAR total
Months	Pearson Correlation	1	-.135	-.163	.275*	-.014
	Sig. (2-tailed)		.356	.222	.033	.918
	N	61	49	58	60	59
M2C-Q total	Pearson Correlation	-.135	1	.535**	-.584**	.774
	Sig. (2-tailed)	.356		.000	.000	.000
	N	49	50	47	49	48
ESS total	Pearson Correlation	-.163	.535**	1	-.495**	.546**
	Sig. (2-tailed)	.222	.000		.000	.000
	N	58	47	60	59	58
BIT total	Pearson Correlation	.275*	-.584**	-.495**	1	-.522**
	Sig. (2-tailed)	.033	.000	.000		.000
	N	60	49	59	62	60
DAR total	Pearson Correlation	-.014	.774**	.546**	-.522**	1
	Sig. (2-tailed)	.918	.000	.000	.000	
	N	59	48	58	60	62

Note. * = Correlation is significant at the 0.05 level, two tailed; ** = Correlation is significant at the 0.01 level, two tailed.

To explore the possibility of differences in response tendencies between different branches of service, a series of one-way ANOVAs were calculated, comparing the major branches of service with regard to scores on the various dependent measures. No significant differences were seen between branches of service on any measure.

Discussion

Many returning veterans have difficulties in adjustment after a combat deployment. Wartime experiences expose some to traumas, injury, and hardship, and can give rise to intense feelings which can exacerbate an already difficult situation. Though not in all cases, combat veterans with PTSD and TBI have been shown to have more difficulty in reintegration with the

civilian population (Shea, Vujanovic, Mansfield, Sevin, & Liu, 2010; Ettenhofer et al., 2012). Any form of change or transition can be difficult, and transitioning from a military culture to another wholly different one can pose even greater difficulty.

The military has a culture all its own with unique customs, dialect, and way of being (Ross, Ravindranath, Clay & Lypson, 2015). Once separated from this culture upon demobilization and/or discharge from the military, a veteran who once thrived during their full immersion in military culture may find that some of the attributes that were adaptive during their time in the military create problems in the context of civilian society. Military conditioning can have an adverse effect on a veterans' sense of self-esteem during readjustment, creating feelings of deep anxiety, self-doubt, depression, and shame regardless of, though likely exacerbated by, the presence of PTSD.

With an inability to adequately express emotions that have built up concerning exposure to events that occurred overseas some veterans struggle with anger and shame which can lead to substance use disorders in attempts to self-medicate (Petrakis et al., 2011). Additionally, such experiences can lead veterans to isolate, making reintegration that much more difficult, and decreasing their ability to function and thrive in a society that predicated itself upon social interaction.

The Veterans Court seeks to assist veterans in dealing with these issues so that they can better assimilate and function rather than simply incarcerating and penalizing them for missteps that may be attributed to their military service and conditioning. The program requires strict adherence to its terms and those who are not willing to fully participate and comply with requirements, often find themselves with consequences. This may offer a transitional context to veterans who were used to the very structured nature of military life and whom may have found

the lack of externally imposed structure in civilian life to be disorienting.

The Veterans Court Forum is centered around increasing the defendant veterans' knowledge of what they may be struggling with by having local experts, such as university professors and other professionals, come in to provide information that can be key for veterans in helping to better understand what they may be working through and answering questions as to why they react in a certain way, as well as providing education for veterans with regard to various life skills and tasks, exploring diverse topics ranging from how to work with difficult emotions to how to create and maintain a balanced budget.

Just as important as components of psychoeducation surrounding veteran acculturation issues is the component of the mentor and their modeling for the veteran going through the court as a defendant. The mentor's willingness to leverage their own struggles during readjustment can pay dividends for the veteran in the defendant role. Defendants are able to use their mentor as a resource to process struggles and mentors provide encouragement and guidance on their growth and participation in the program.

This study sought to examine the efficacy of the Veterans Court program. When analyzing the data provided by the defendants of the Veterans Court program, significant relationships were observed between some of the measures. As expected, the higher a veteran scored in readjustment difficulty (M2C-Q), the more likely they were to show increased anger (DAR) and shame (ESS), as well as a reduction in thriving (BIT). There was also a strong relationship between anger and shame, in that if one showed a high score on one of these measures, they were likely struggling with the other as well. Elevated scores on measures of both shame and anger were also related to a reduction in overall thriving.

When data was correlated by the number of months spent in the program, it was found

that the longer one participates in the program, the higher their scores on the measure of thriving; implying that the Veterans Court is having a significant positive effect on thriving for the defendants. This is consistent with the original hypothesis, and I would anticipate that this is likely a product of the supportive environment they are constantly in contact with as well as a result of them utilizing resources offered through the program to help them tackle challenges that arise.

While the correlation between months in the program and anger was essentially zero, the correlations between months of participation and measures of shame and adjustment difficulties were nonsignificant, but in the expected directions. It is possible that a larger sample would have revealed significant relationships between these variables as well. It's important to note that while the program provides psychoeducation about ways to work with difficult emotions during the monthly meetings that it did not involve a formal therapeutic focus on working with emotions, and so may not have been expected to result in movement in these variables. None of the data showed results that were contradictory to the original hypothesis.

This is a preliminary look at the program, but results are consistent with what we would expect to see if the program is doing what it seeks to do, which is helping veterans heal and readjust. This study is consistent with prior research, in that Veteran specific rehabilitation programs like the Veterans Court are targeting their unique needs and difficulties in a way that helps them promote thriving and reduce negative post-combat symptoms and readjustment difficulty, which were likely leading to legal troubles and incarceration in the first place.

A primary weakness of this study was its correlational design. Originally this study was designed as a longitudinal pre-post survey, but it proved too difficult to collect data this way within the limited confines of working with this vulnerable population. While participation in the

survey was completely optional and offered on a volunteer basis, defendants were not comfortable completing a unique identifier to help match their results across time periods, regardless of the fact that they could not be individually identified by this and also having been informed that their participation would in no way affect their standing in the program.

Participants were originally asked to create a unique identifier using a set system so that results could be matched between collections, but after the initial collection it was discovered that most of them had not done this and there was no way to match pre- and post- questionnaire packets. Such a longitudinal design would have been the preferred method of collection as it would have allowed me to look at whether or not the individual veterans demonstrated positive change across their participation in the program, rather than just examining relationships between time of participation and scores on the outcome measures.

The open ended questions at the end of the questionnaire packet offered the Veterans an opportunity to provide feedback on the program and provided insight into their opinions of the program as a whole. A transcript of these responses is provided in Appendix A. Comments were mostly positive and followed common themes of being treated with respect, feeling like they were part of a family or having comradery again. Many of the participant responses mentioned that staff, mentors, and court officials genuinely wanted to work with them to help them succeed rather than being punitive during challenging times. There were also common themes about appreciating the resources offered and enjoying the speakers and materials presented at monthly meetings.

In Summary, the Veterans Court program appears to be having a significant effect on thriving for its defendants, which can be seen through the data and also their praise of the program. Veteran defendants are receiving the appropriate care and correction to meet their

unique needs and situations. Should this research be continued it would be beneficial to prolong the study, finding a method to conduct pre-post comparisons of data with a larger sample size. It may also be beneficial to factor in demographics and other specific characteristics, such as branch and type of service, to determine if there are components which may have an effect on their readjustment difficulties and success in the program. Another area to take a more in-depth look would be the relationship between defendant and mentor in relation to success in the program or time to complete, as it likely has a significant effect on participants.

References

- Agnew, R., & White, H. R. (1992). An empirical test of general strain theory. *Criminology*, 30(4), 475-499.
- Aiello, T. (2010). The soldier's tale: A discussion of "Can anyone here know who I am? Co-constructing meaningful narratives with combat veterans" by Martha Bragin. *Clinical Social Work Journal*, 38(3), 327-330. doi:10.1007/s10615-010-0281-6
- Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The experience of shame scale. *British Journal Of Clinical Psychology*, 41(1), 29.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Amdur, D., Batres, A., Belisle, J., Brown, J. H., Cornis-Pop, M., Mathewson-Chapman, M., & Washam, T. (2011). VA integrated post-combat care: A systemic approach to caring for returning combat veterans. *Social Work In Health Care*, 50(7), 564-575.
doi:10.1080/00981389.2011.554275
- Black, D. W., Carney, C. P., Peloso, P. M., Woolson, R. F., Letuchy, E., & Doebbeling, B. N. (2005). Incarceration and veterans of the first Gulf War. *Military Medicine*, 170(7), 612-618.
- Bobrow, J., Cook, E., Knowles, C., & Vieten, C. (2012). Coming all the way home: Integrative community care for those who serve. *Psychological Services*, doi:10.1037/a0031279
- Bowling, U. B., & Sherman, M. D. (2008). Welcoming them home: Supporting service Members and their families in navigating the tasks of reintegration. *Professional Psychology: Research & Practice*, 39(4), 451-458. doi:10.1037/0735-1028.39.4.451

- Cozza, S. J., Chun, R. S., & Polo, J. A. (2005). Military families and children during Operation Iraqi Freedom. *Psychiatric Quarterly*, *76*(4), 371-378. doi:10.1007/s11126-005-4973-y
- Defense and Veterans Brain Injury Center. (2012). DoD Worldwide Numbers for TBI.
- Elbogen, E. B., Newton, V. M., Vasterling, J. J., Johnson, S. C., Straits-Troster, K., Wagner, H. R., & Beckham, J. C. (2012). Criminal justice involvement, trauma, and negative affect in Iraq and Afghanistan war era veterans. *Journal Of Consulting & Clinical Psychology*, *80*(6), 1097-1102. doi:10.1037/a0029967
- Ettenhofer, M. L., Melrose, R. J., Delawalla, Z., Castellon, S. A., & Okonek, A. (2012). Correlates of functional status among OEF/OIF veterans with a history of traumatic brain injury. *Military Medicine*, *177*(11), 1272-1278. doi:10.7205/MILMED-D-12-00095
- Kaplan, M. S., Huguet, N., McFarland, B. H., & Newsom, J. T. (2007). Suicide among male veterans: A prospective population-based study. *Journal Of Epidemiology & Community Health*, *61*(7), 619-624. doi:10.1136/jech.2006.054346
- Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD. *Journal Of Traumatic Stress*, *21*(4), 394-401. doi:10.1002/jts.20348
- McCollum, E. E., Stith, S. M., Miller, M. S., & Ratcliffe, G. C. (2011). Including a brief substance-abuse motivational intervention in a couples treatment program for intimate partner violence. *Journal Of Family Psychotherapy*, *22*(3), 216-231. doi:10.1080/08975353.2011.602618
- Novaco, R. W. (2012). *Dimensions of anger reactions revised* [Measurement instrument]. University of California, Irvine.
- Petrakis, I. L., Rosenheck, R., & Desai, R. (2011). Substance use comorbidity among veterans

- with posttraumatic stress disorder and other psychiatric illness. *American Journal On Addictions*, 20(3), 185-189. doi:10.1111/j.1521-0391.2011.00126.x
- Pfeiffer, P. N., Blow, A. J., Miller, E., Forman, J., Dalack, G. W., & Valenstein, M. (2012). Peers and peer-based interventions in supporting reintegration and mental health among National Guard soldiers: A qualitative study. *Military Medicine*, 177(12), 1471-1476. doi:10.7205/MILMED-D-12-00115
- Price, J. L., & Stevens, S. P. (2009). Partners of veterans with PTSD: Research findings. *National Center for PTSD*. http://www.ptsd.va.gov/professional/pages/partners_of_vets_research_findings.asp
- Returning home from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families. (2014). *Military Medicine*, 179(10), 1053-1055. doi:10.7205/MILMED-D-14-00263
- Ross, P. T., Ravindranath, D., Clay, M., & Lypson, M. L. (2015). A greater mission: Understanding military culture as a tool for serving those who have served. *Journal Of Graduate Medical Education*, 7(4), 519-522. doi:10.4300/JGME-D-14-00568.1
- Sayer, N. A., Frazier, P., Orazem, R. J., Murdoch, M., Gravely, A., Carlson, K. F., & Noorbaloochi, S. (2011). Military to civilian questionnaire: A measure of postdeployment community reintegration difficulty among veterans using Department of Veterans Affairs medical care. *Journal Of Traumatic Stress*, 24(6), 660-670. doi:10.1002/jts.20706
- Shea, M. T., Vujanovic, A. A., Mansfield, A. K., Sevin, E., & Liu, F. (2010). Posttraumatic stress disorder symptoms and functional impairment among OEF and OIF National Guard and Reserve veterans. *Journal Of Traumatic Stress*, 23(1), 100-107. doi:10.1002/jts.20497
- Su, R., Tay, L., & Diener, E. (2014). The development and validation of Comprehensive

Inventory of Thriving (CIT) and Brief Inventory of Thriving (BIT). *Applied Psychology: Health and Well-being*.

Thompson, M. (2011). Mental health ills now top cause of hospital visits in U.S. military. *Time*. Retrieved from <http://nation.time.com/2011/04/29/mental-health-ills-now-top-cause-of-hospital-visits-in-u-s-military/>

United States Bureau of Justice Statistics. (2007). *Veterans in state and federal prison, 2004*. Washington, DC: United States Department of Justice.

United States Department of Veterans Affairs; Office of Mental Health and Suicide Prevention. (2016). Suicide among veterans and other Americans 2001–2014. Retrieved from <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

Veteran Court. (2013). *Spokane veterans court mentor program*. Retrieved from <http://www.veteranscourt.camp9.org/>

Appendix A

1. What were your favorite aspects of the Veteran's Court Program? What were the most important gains that you made as a result of your participation?

- More knowledge of Veteran resources.
- Common sense is used.
- Reduction of sentence.
- The speakers. I'm more focused in life.
- Friendships. Educational speakers. Good comradery.
- The common core foundation.
- The speakers at the meeting.
- The resources I get from my mentor are great.
- Being treated as an individual and not a number in the system. Reconnecting with other veterans.
- My sobriety has been the best thing in my life. I didn't realize how blind I was to my problem with drinking. Also meeting other Vets in group because I now have friends I can relate to that don't drink and care about me and my family.
- Resources. A place to come and relax.
- Being treated with respect. Meeting people with similar problems.
- To get a second chance without getting hammered in court.
- The amount of assistance they provide, compassion, respect and dignity. I feel appreciated and a sense of belonging. The attitude of the mentor, probation officers, public defenders and judges. They all are available to help you succeed and they are not about punishing, but there to help. We all have served our country, which is still

valued and feels like a family. When I complete the program I want to remain involved with the program to help my fellow brothers and sisters like they have done for me.

- The positive vibe between all involved parties from the mentors, probation officers and the judge. This is a great way to get the best out of people in unideal situations.
- The fact that the program is all Veteran based. The information and resources provided.
- Mentor relationship, willingness of probation to work with busy schedules.
- They seem to want to help.
- No judgement. I feel welcome and important because my life matters. Probation Officer is very supportive and believes in me. I know that Vets need each other and being of service after active duty.
- I'm new, but very excited for this program. I like the location.
- Helps address problems only Veterans experience.
- Having a sense of belonging to a much larger family.
- Guest speakers at forums, accountability, expected to succeed.
- The speakers. The different perspective of past events. The Vet Court support. My fellow brothers and sisters.
- The forums. I like to listen to the old-timers tell stories.
- The bonding time.
- The Vet Forums. Longest period of sobriety.

- My mentor, my probation officer and fellow Veterans are all so supportive. Support has been the best aspect and most important to me. The friendships have been the biggest gain, knowing that I'm not alone.
- Great speakers. I really have learned a lot about anger and patience.
- The Veteran's Court gave me my life back. Without Vet Court I could have been in the world doing drugs.
- The Forum. Sobriety.
- So far I have only been to court, which I was very satisfied with. I saw what happens firsthand when you don't follow the rules, jail.
- Classes. Feel stronger against drugs.
- So far it has really just been the entire process, to include all the board members. Specifically, I have really benefitted from the DV MRT class.
- Reduction of probation.
- Everyone cared and participated, including the judges and probation officers. Good information.
- Meeting brother and sister Veterans.
- People.
- I enjoy the Veterans community that I am a part of. This has helped me regain my confidence.
- The chance to learn to cope with moral injury. Gains were communication and support.
- That the lawyer seemed to really try. The judge seemed to care as long as you kept your goal on achieving success and did what you had to.

- The speakers.
 - The one on one treatment in court. Very family, supporting other Vets.
 - I enjoyed all the guest speakers. I wasn't drinking and stayed focused and employed.
 - The respect shown. My eyes being opened to problems/issues I have been avoiding/denying.
 - Most important part of Vet Court was the group sessions and my "one on ones" with Lynda.
 - My favorite part is all the great guest speakers at the forums. Topics usually had a positive impact for me.
 - I feel that being given the chance for a Veterans deferment was the best opportunity I could have been given. After that, I believe I have been in control of my own life and am the sole person responsible for where I am at in life and the only person who can take credit.
 - My awareness of how bad my habits are affecting my life.
 - The support of all involved.
 - Feeling like I belong.
2. What did you not like about the program, or feel could be improved? Did anything get in the way of your benefiting from it? Anything you would change?
- I felt the fines imposed are high.
 - Nothing, it is a great program.
 - My mentor was excellent, but from other's experience indicates program could use help here.
 - Haven't disliked anything yet.

- I'm not in prison.
- Nothing.
- I had two charges so I had an overwhelming schedule. I would be done by now but am finishing up class I couldn't handle with my schedule earlier.
- No.
- Maybe a more active mentor.
- The Seabees constantly goofing off. They sit to the right against the windows.
- I feel the program has benefitted me and feel fortunate that I was eligible for the program. The one thing I would change is letting other veterans know the program exists and would benefit more veterans that are having troubles in life.
- The program is great. Nothing got in my way. Wouldn't change anything.
- Nothing.
- Finding how to get into it.
- The Vet Forum is pretty crowded, but the presentations are great and minor participation is okay. Not seeing an opportunity to follow up on lesson learned but really this is my fault and it should be done with mentor.
- Minor things, but nothing noteworthy.
- No.
- No. Only issue that ever occurred was needing childcare.
- Accessibility to the events.
- Nothing. I think it works.
- All the restrictions at first.

- Improve on meeting the brand new mentors on their first day so they don't feel so lost.
- Vet Court needs a good transportation system.
- If anything, Vet Court needs a new location.
- Should be allowed to pair men and women mentors. Should be prior military.
- Nothing presently to date to report.
- None.
- Nothing comes to mind.
- Cell phones during speaker presentations. Constant chatter and jokes when the material is emotionally relevant to my TBI and PTSD.
- Didn't like that the prosecutor could just say made up things and it affected the judge. She said a bold-faced lie. I don't hold her at fault but she didn't check to see if what she said was even true.
- Everything has been good so far.
- Being forced to talk if not up to it that day. Maybe better one on one with judge, probation, and attorney.
- I am a total fan. No changes, great program.
- Time requirements for people who work full time. This requires a lot of time from work and school.
- The program I felt serves its purpose, but I'm sure there will always be little bumps along the way.

- The non-crime that I so called committed came with the same time mandates that others with much more serious offenses.
- My mentor never returns my phone calls or answers them. I feel like I am being set up for failure.
- Just not utilizing what is offered to me. It's not the programs fault I make bad decisions.
- The mentor and I never did connect.

3. Is there anything else you would like to share about your experience in the Veteran's Court Program?

- Not enough space.
- Absolutely wonderful program and I am extremely grateful to be able to participate.
- I like my mentor but he was very busy and had a lot going on in his personal life. I didn't feel like I could rely on him so I turned more to guys from my groups.
- I have memory problems so I forget what resources I engaged in or what went on that the last forum.
- This program has changed my life for the better and I wish I would have known about it the first time I got in trouble. I would not have gotten in trouble this last time. I feel appreciated by everyone that is involved with the program. This program needs to be implemented nationwide, because these people really care and genuinely want to see you succeed.
- I just really appreciate that they know if I am struggling or down or eager to improve. There are people and programs at my disposal. This feels good. Sense of belonging is always there when I come to the Forum.

- Thank you to the staff and people that have helped with these forums.
- I've appreciated all court officials. All have been supportive and understanding and have offered a great deal of guidance.
- Amazing. Purely amazing. I don't have to hide anything. I'm me again, so thank you guys.
- It's been good for more reasons than just alcohol.
- They give you great support and want you to succeed.
- This is an exceptional opportunity and helps all of us get through our hard times. It feels like a family and I'm proud to be a part of it, even if I got here the hard way.
- It's a great program.
- I'm looking forward to the program, a mentor, comradeship, and education.
- Outstanding overall experience thus far.
- Very fair.
- I would recommend it to all Veterans, even if they are not court ordered.
- It is one of those things I look forward to every month.
- I value the fact courtroom folks participated in the Forum on a personal level. It made them seem genuine and the efforts to help defendants get through the process.
- My lawyers fought hard. I had two, as the keep traveling. I don't know if they knew the prosecutor was under a false idea.
- Some people see this as a negative or forced situation to be in.
- I think it is a great opportunity.
- Just that the program works if you let it work for you.

- Regardless of the impact of Veterans Court has had on me, I still maintain my innocence.
- Other than my own experience with the program, I believe that this program is probably the best program in the country. This program does a lot of good for Veterans and it should implemented in every city and every state.
- Not yet. When I get on the right page I will be able to answer.

VITA

Author

Rochelle Sundeen DiConti

Education

Bachelor of Arts in Psychology, 2012, Eastern Washington University

Honors and Awards

Graduated Cum Laude, Eastern Washington University, 2012

Certifications

Washington State Chemical Dependency Professional in Training (CDPT)

Professional Experience

Spokane Veteran's Outreach Center. Spokane Valley, WA

Intern Readjustment Counselor, April 2013- July 2014.

Maintained a steady caseload of 12-15 clients with issues ranging from couples counseling to more complex issues such as Military Sexual Trauma and PTSD. Co-facilitated a twice monthly process group for Combat Medics. Attended community outreaches to offer support and services to rural areas.

Frontier Behavioral Health. Spokane, WA

Clinician, Adult Recovery Services, October 2014- June 2015.

Maintained a steady caseload of 55-65 clients, providing dual case management and mental health counseling. Utilized assessment and diagnosis, treatment plan development, implementation of treatment plan, risk assessment and management, and assessment of progress. Met agency's productivity standards for direct service hours.

Frontier Behavioral Health. Spokane, WA

Clinician, Integrated Co-occurring services, June 2015- June 2016

Maintained a steady caseload of 40-50 clients, providing dual case management and counseling for co-occurring mental health and substance use disorders. Completed substance use disorder assessments (ASAM). Facilitated two separate weekly DBT groups.

Northeast Washington Alliance Counseling Services. Colville, WA

Chemical Dependency Professional, February 2018-Current

Complete ASAM assessments and meet individually with clients who meet level of care for 1.0 and 2.1 services. Provide referrals for clients needing detox or inpatient services. Facilitate intensive outpatient group for 9 hours per week. Complete Drug Offender Sentencing Alternative (DOSA) assessments for Stevens County.